

**Applicant Review Panel**  
Application Review and Quality Control Sheet

<b>Applicant Name:</b> <u>GRACE BABCOCK</u>			
<b>Date Received:</b> <u>02/19/2023</u>		<b>Applicant Number:</b> <u>5062</u>	
<b>Recommended Applicant Pool Status:</b>		<b>Final Applicant Pool Status:</b>	
<input type="checkbox"/> Included	<input checked="" type="checkbox"/> Removed	<input type="checkbox"/> Included	<input checked="" type="checkbox"/> Removed

**REQUIREMENTS:**

1. Was the application received before the submission deadline?

☒ Yes ☐ No

*If NO, list time/date application was received: \_\_\_\_\_*

2. Is the application complete?

☒ Yes ☐ No

*If NO, list the item(s) that need to be completed:*

3. Indicate how the applicant responded to the following questions:

A. Reside in the City of Austin?

☒ Yes ☐ No

B. Currently licensed CPA by the TSBPA?

☐ Yes ☒ No

*If YES, list the license number: \_\_\_\_\_*

i. Was the license number verified against TSBPA data?

☐ Yes ☐ No

C. Has at least 5 years of auditing experience?

☐ Yes ☒ No

*If YES:*

i. Did the applicant list at least 5 years of audit experience?

☐ Yes ☐ No

- ❖ **Follow-up needed related to REQUIREMENTS?**

☐ Yes ☒ No

*If YES, identify issue(s) addressed and disposition:*

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**CONFLICTS OF INTEREST:**

4. Did the applicant respond "Yes" to any conflict of interest questions?

☐ Yes ☒ No

*If YES, indicate which question(s):*

❖ **Follow-up needed related to CONFLICTS OF INTEREST?**

☐ Yes ☒ No

*If YES, identify issue(s) addressed and disposition:*

**CONSISTENCY:**

5. Are applicant answers consistent?

☒ Yes ☐ No

*If NO, indicate which answer(s):*

❖ **Follow-up needed related to CONSISTENCY?**

☐ Yes ☒ No

*If YES, identify issue(s) addressed and disposition:*

Application Reviewed By: <u>TOP &amp; ELECU - OD IBO</u>	Review Date: <u>02/20/2013</u>
Quality Control Review By: <u>[Signature]</u>	QC Review Date: <u>2/22/13</u>
Follow-up Contact(s) Reviewed By: <u>n/a</u>	Date: _____